

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State: NEW MEXICO

Citation  
1902(a)(52)  
and 1925 of  
the Act

3.5

Families Receiving Extended Medicaid Benefits

- (a) Services provided to families during the first 6-month period of extended Medicaid benefits under Section 1925 of the Act are equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan).
- (b) Services provided to families during the second 6-month period of extended Medicaid benefits under section 1925 of the Act are--

☒ Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan).

☐ Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients, (or may be greater if provided through a caretaker relative employer's health insurance plan) minus any one or more of the following acute services:

☐ Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

☐ Medical or remedial care provided by licensed practitioners.

☐ Home health services.

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STATE <u>New Mexico</u>	A
DATE REC'D <u>DEC 17 1991</u>	
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DATE EFF <u>OCT 01 1991</u>	
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Citation 3.5 Families Receiving Extended Medicaid Benefits  
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- ☐ Private duty nursing services.
- ☐ Physical therapy and related services.
- ☐ Other diagnostic, screening, preventive, and rehabilitation services.
- ☐ Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.
- ☐ Intermediate care facility services for the mentally retarded.
- ☐ Inpatient psychiatric services for individuals under age 21.
- ☐ Hospice services.
- ☐ Respiratory care services.
- ☐ Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.

TN No. 91-19  
Supersedes 89-07 Approval Date JAN 15 1992 Effective Date OCT 1 1991  
TN No. 90-12

HCFA ID: 7982E

*90-12 page 31c*  
*90-12 31d, top portion*

STATE <u>New Mexico</u>	A
DATE REC'D <u>DEC 1 1991</u>	
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DATE EFF <u>OCT 01 1991</u>	
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Citation 3.5 Families Receiving Extended Medicaid Benefits  
(Continued)

(c) ☒ The agency pays the family's premiums, enrollment fees, deductibles, coinsurance, and similar costs for health plans offered by the caretaker's employer as payments for medical assistance--

☐ 1st 6 months ☐ 2nd 6 months

☐ The agency requires caretakers to enroll in employers' health plans as a condition of eligibility.

☐ 1st 6 mos. ☐ 2nd 6 mos.

(d) ☒ (1) The Medicaid agency provides assistance to families during the second 6-month period of extended Medicaid benefits through the following alternative methods:

☐ Enrollment in the family option of an employer's health plan.

☐ Enrollment in the family option of a State employee health plan.

☐ Enrollment in the State health plan for the uninsured.

☐ Enrollment in an eligible health maintenance organization (HMO) with a prepaid enrollment of less than 50 percent Medicaid recipients (except recipients of extended Medicaid).

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DATE REC'D <u>DEC 17 1991</u>	
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Citation 3.5 Families Receiving Extended Medicaid Benefits  
(Continued)

Supplement 2 to ATTACHMENT 3.1-A specifies and describes the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.

(2) The agency--

(i) Pays all premiums and enrollment fees imposed on the family for such plan(s).

☒ (ii) Pays all deductibles and coinsurance imposed on the family for such plan(s).

TN No. 91-19

Supersedes

TN No. 90-12

Approval Date

JAN 15 1992

Effective Date

DEC 17 1991

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- ☒ Enrollment in an eligible health maintenance organization (HMO) that has an enrollment of less than 50 percent of Medicaid recipients who are not recipients of extended Medicaid.

Supplement 2 to ATTACHMENT 3.1-A specifies and describes the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.

(2) The agency--

- (i) Pays all premiums and enrollment fees imposed on the family for such plan(s).
- ☒ (ii) Pays all deductibles and coinsurance imposed on the family for such plan(s).

STATE	<i>New Mexico</i>	A
DATE REC'D	<i>5-29-90</i>	
DATE APPV'D	<i>2-7-91</i>	
DATE EFF	<i>4-1-90</i>	
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